



New Philadelphia Police Department
Jeffrey L. Urban-Chief of Police
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New Philadelphia, Ohio. 44663
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POLICE DEPARTMENT ACCIDENT REPORT

EMPLOYEE NAME: David Cimperman DATE: 02-21-2011

ADDRESS: 122 2nd St. S.E. TIME: 2100hrs

SOCIAL SECURITY NUMBER: _____

DATE OF ACCIDENT: 02-21-2011 TIME OF ACCIDENT: 1900hrs

PART OF BODY INJURED: _____

EXPLANATION OF HOW ACCIDENT OCCURRED: Officer exited the police cruiser.

The unoccupied police cruiser rolled forward and contacted the rear quarter panel of the Highway Patrol cruiser

WITNESS TO ACCIDENT: Trooper Durbin

ADDRESS WHERE ACCIDENT OCCURRED: Commercial Parkway - Dover.

WAS EMPLOYEE USING PROPER SAFETY EQUIPMENT (CHECK WHAT APPLIES)

SEAT BELT BULLETT RESISTANT VEST GLOVES

TRAFFIC CONTROL VEST (GREEN) PROTECTIVE GLASSES

EAR PROTECTTION GAS/BIOLOGICAL MASK HELMET

ARE YOU SEEKING MEDICAL TREATMENT? No

HOSPITAL/DOCTOR: _____ ADDRESS: _____

EMPLOYEE SIGNATURE: D. Cimperman

TRAFFIC CRASH REPORT													
 Traffic Crash Report		CRASH REPORT # 11-1470		CRASH SEVERITY 3 1 FATAL, 2 SERIOUS INJURY, 4 UNKNOWN	PRIVATE PROPERTY <input checked="" type="checkbox"/> YES	HIT/SKIP 1 1 NOT HIT BY 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <input checked="" type="checkbox"/> YES	OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/>					
		N.C.I.C. # 07902		REPORTING AGENCY DOVER POLICE DEPARTMENT		# UNITS 2	UNIT ERROR 01 # ANIMAL 99 UNKNOWN	DATE OF CRASH 2/21/2011					
TIME OF CRASH 18:58	DAY OF WEEK MON	CITY/VILLAGE/TOWNSHIP CITY	NAME (OF CITY, VILLAGE OR TOWNSHIP) DOVER		COUNTY # 79	LATITUDE	LONGITUDE						
CRASH OCCURRED ON				LOCAL INFORMATION									
PREFIX	CRASH LOCATION			TYPE LOC	901 COMMERCIAL PARKWAY								
REFERENCE				REFERENCE POINT USED									
DIST. REF.	DR	PREFIX	REFERENCE	REF POINT	REFERENCE POINT USED 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE								
A	UNIT # 01	# OF OCC 0	NAME (LAST, FIRST, MIDDLE)				5 TOWNSHIP BOUNDARY 6 STATE LINE 7 INTERSECTION OF TWO STREETS 8 COUNTY LINE 94 HOUSE NUMBER						
ADDRESS (STREET, CITY, STATE, ZIP-CODE)													
SOCIAL SECURITY NUMBER		DATE OF BIRTH / /		AGE	SEX	HOME PHONE #							
DL STATE	DL #	LP STATE	LP # 92	INJURED TAKEN BY 1 1 HOME & OTHER 2 EMS UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO						
OWNER NAME (IF SAME, WRITE 'SAME') CITY OF NEW PHILADELPHIA				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 122 2ND ST SE NEW PHILADELPHIA OH 44663									
YEAR 2009	MAKE CHEVROLET	MODEL IMPALA	COLOR BLACK	INSURANCE COMPANY KENNEDY INS AGEN	TOWING SERVICE NONE	OWNER PHONE# (330)343-4488							
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #							
B	UNIT # 02	# OF OCC 2	NAME (LAST, FIRST, MIDDLE)				LOCAL CODE <input type="checkbox"/> 'X' IF YES						
ADDRESS (STREET, CITY, STATE, ZIP-CODE)													
SOCIAL SECURITY NUMBER		DATE OF BIRTH / /		AGE	SEX	HOME PHONE #							
DL STATE	DL #	LP STATE	LP # 1938	INJURED TAKEN BY 1 1 HOME & OTHER 2 EMS UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO						
OWNER NAME (IF SAME, WRITE 'SAME') STATE OF OHIO				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 2454 EAST HIGH AVE NEW PHILADELPHIA OH 44663									
YEAR 0	MAKE FORD	MODEL CROWN VICT	COLOR WHITE	INSURANCE COMPANY SELF INSURED	TOWING SERVICE NONE	OWNER PHONE# (330)339-1103							
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #							
C	UNIT # 02	NAME (LAST, FIRST, MIDDLE) SOMMERS HOLLY A			HOME PHONE# (330)440-8888	DATE OF BIRTH 03/14/1972	AGE 38						
O	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 724 UNION AVE NEW PHILADELPHIA OH 44663			INJURED TAKEN BY 1 1 HOME & OTHER 2 EMS UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO							
D	UNIT # 02	NAME (LAST, FIRST, MIDDLE) SMITH RONALD D			HOME PHONE# (330)260-3565	DATE OF BIRTH 07/12/1966	AGE 44						
A	ADDRESS (STREET, CITY, STATE, ZIP-CODE) 806 MAPLE AVE NEW PHILADELPHIA OH 44663				INJURED TAKEN BY 1 1 HOME & OTHER 2 EMS UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO						
SEATING POSITION A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> BLANK FOR WITNESSES		SAFETY EQUIPMENT A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> BLANK FOR WITNESSES		AIR BAG A <input type="checkbox"/> B <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/>		AIR BAG SWITCH A <input type="checkbox"/> B <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/>		EJECTION A <input type="checkbox"/> B <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/>		TRAPPED A <input type="checkbox"/> B <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/>		INJURIES A <input type="checkbox"/> B <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/>	
SUPPLEMENT <input type="checkbox"/> 'X' IF YES													

NARRATIVE

UNIT #1 AND UNIT #2 WERE PARKED ON PRIVATE PROPERTY. UNIT #1 BEGAN TO ROLL AND STRUCK UNIT #2.

MANNER OF COLLISION OR IMPACT 6		SCHOOL BUS RELATED		DIAGRAM			
1. TWO CARS, BOTH IN 2. ONE CAR 3. PEDESTRIAN 4. HEAD ON 5. REAR-TO-REAR 6. SIDE-TO-SIDE 7. ANGLED 8. SUPPORTS SAME DIRECTION 9. REVERSE/DISTANCE 10. TURN/ANGLE		1 1. TWO CARS, BOTH IN 2. PEDESTRIAN 3. HEAD ON 4. REAR-TO-REAR 5. SIDE-TO-SIDE 6. ANGLED 7. SUPPORTS SAME DIRECTION 8. REVERSE/DISTANCE 9. TURN/ANGLE		1 1. TWO CARS, BOTH IN 2. PEDESTRIAN 3. HEAD ON 4. REAR-TO-REAR 5. SIDE-TO-SIDE 6. ANGLED 7. SUPPORTS SAME DIRECTION 8. REVERSE/DISTANCE 9. TURN/ANGLE			
WEATHER 06		TYPE OF WORK ZONE					
1. CLEAR 2. CLOUDY 3. OVERCAST/SMOKE 4. RAIN 5. SUNNY 6. HEAVY RAIN 7. HAIL 8. SNOW 9. FOG 10. UNKNOWN		<input type="checkbox"/> 1. PLANE CRASH 2. CLASS SHIFT CROSSOVER 3. WORK ON SHOULDER OR MEDIAN 4. CONCRETE/ASPHALTED WORK 5. OTHER					
LIGHT CONDITIONS		LOCATION OF CRASH IN WORK ZONE					
PRIMARY 5		<input type="checkbox"/> 1. BEFORE THE FIRST WORK ZONE WORKING SIGN 2. ADVISORY WORKING ZONE 3. POSITIONING AREA 4. ACTIVE WORK AREA					
SECONDARY		WORKERS PRESENT					
1. DAY 2. NIGHT 3. DUSK 4. 1/2 LIGHTED BROADWAY 5. DARK - BROADWAY NOT LIGHTED 6. DARK - UNKNOWN 7. ROADWAY LIGHTING 8. PLATE 9. OTHER 10. UNKNOWN		<input type="checkbox"/> 1. NO 2. YES 3. UNKNOWN					
TRUCK/BUS UNIT # <input type="text"/>		THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GROSS WEIGHT OF 10,000 POUNDS OR MORE; OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR A VEHICLE DESIGNED FOR AT LEAST 10 PERSONS, INCLUDING DRIVER.					
		A THE CRASH RESULTED IN ONE OF THE FOLLOWING: A FATALITY; OR B AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR C AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENCING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.					
COMPANY (FROM SHIPPING PAPERS)							
ADDRESS (STREET, CITY, ST, ZIP CODE)							
US DOT	ICC MC	PUCO	VEHICLE	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #
CARGO BODY TYPE <input type="checkbox"/> BOX OR SELLABLE <input type="checkbox"/> MID-SIZE CONTAINER <input type="checkbox"/> OVERSIZE CONTAINER <input type="checkbox"/> VAN ENCLOSED BOX <input type="checkbox"/> GRAIN CHIPS/GRAVEL	VEHICLE <input type="checkbox"/> CAR/CDW/TASK <input type="checkbox"/> 65 FT. TRAILER <input type="checkbox"/> CDR/CDW <input type="checkbox"/> 40' CONCRETE HOPPER	10. VTO/TRANSPORTER <input type="checkbox"/> GARBAGE/REFUSE <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 11,000-14,000 24,000-26,000 31,000+14,000	CDL CLASS	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	HAZARDOUS MATERIALS <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	HAZARDOUS MATERIALS RELEASER <input type="checkbox"/> 1 NO 2 YES 3 NOT APPLICABLE
POLICE ACTION							
DATE CRASH REPORTED 2/22/2011		TIME REC CALL 15:46	DISPATCH 15:46	ARRIVED 15:46	CLEARED 16:00	OTHER 30	TOTAL MINUTES 44
OFFICER'S NAME PATROLMAN CHAD M. MOWRER			BADGE # 523	CHECKED BY		DATE REPORT FILED 2/22/2011	
REPORT TAKEN BY <input type="checkbox"/> 1 POLICE AGENCY 110101010101	REPORT TAKEN AT <input type="checkbox"/> 2 LOCATION 110101010101				<input type="checkbox"/> SUPPLEMENT 'X' IF YES	LOCAL REPORT # 11-1470	